## (Q15) Has your child ever received care from the following health care specialists or therapists?

	% yes	95% CI*	
Hearing specialist (audiologist)	12.1	9.2	15.7
Speech or language therapist	7.2	5.0	10.3
Eye specialist (ophthalmologist or	6.9	4.7	10.1
optometrist)			
Physical or occupational therapist	4.5	2.8	7.2
Behavioral or mental health	1.1	0.3	3.3
specialist			

## (Q16) Has your child *ever* been enrolled in or received services from any of the following programs?

	% yes	95% CI*	
WIC	59.4	54.2	64.3
Early Intervention (EI) or Infant	10.3	7.7	13.6
Learning Program (ILP)			
Head Start or Early Head Start	5.8	4.1	8.1
School district special education or	2.0	0.9	4.1
special needs program			
TEFRA, CCMC, or MRDD waiver	0.5	0.1	1.4

## (Q17) Here is a list of health conditions some young children may **currently have**. For each item, indicate if a health care provider has said your child has the condition now.

	% yes	95% CI*	
Allergy that causes hives or difficulty	6.4	4.3	9.6
breathing			
Developmental delay	2.9	1.6	5.0
Hearing problems	1.4	0.7	2.7
Vision problems that cannot be	0.8	0.3	2.2
corrected with glasses			
Serious behavioral problems	0.6	0.1	3.3
Autism or Autism Spectrum Disorder	0.6	0.1	3.2
Epilepsy, convulsions, or seizures	0.4	0.1	1.6
treated with daily medicines (anti-			
convulsants)			

## What is CUBS?

CUBS stands for the Childhood **Understanding Behaviors** follow-up to the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) survey. PRAMS sends a survey six mothers of newborns in follow-up with all mothers who completed PRAMS and whose that time. The purpose of about the health, behaviors, and early childhood experiences of children in Alaska before they enter school.

Among mothers who were sent weighted to represent all mothers of 3-year-old children 2005. The average child age at the time the mother responded to CUBS was 36 months (range

For more information about www.epi.hss.state.ak.us/mchepi/ cubs/

For questions or for specific Blabey, CUBS Program margaret.blabey@alaska.gov.

\*95% Confidence Intervals (CI)

**(Q18) Here is a list of other health conditions some young children may sometimes have**. For each item, indicate if a health care provider has *ever* said your child has the condition.

	% yes	95% CI*	
Asthma or wheezing treated with	15.5	11.9	19.9
inhalers, puffers or nebulizers			
Tooth decay or cavities	13.4	10.8	16.6
Ear infections that required tubes	13.4	10.3	17.3
Pneumonia treated with antibiotics	10.8	8.0	14.6
Underweight for child's age or height	5.5	3.5	8.7
Anemia (low iron in blood)	5.3	3.5	7.8
Overweight for child's age or height	1.6	0.9	2.9

(Q26) Please indicate if your child can do the following actions now.

	% yes	95% CI*	
Walk up and down stairs	98.5	96.5	99.4
Build a tower with at least 8 blocks	97.4	95.0	98.6
Use 4 to 5 words in a sentence	92.2	89.2	94.4
Repeat simple songs or rhymes	91.2	87.7	93.8

(Q27) Is your child usually able to say good-bye to you without clinging or crying?

	%	95% CI*	
Yes	95.1	92.3	96.9

(Q28) Does your child usually use a toilet during the daytime?

	%	95% CI*		
Yes	74.8	69.8	79.2	

(Q30) Has anyone outside of your home *ever* expressed concern about how much your child does any of the following things to other children?

	% yes	95% CI*	
Hit, push, pinch, or kick	8.7	6.0	12.4
Bite hard	4.8	2.8	8.0